Registration Form: (Pre Registration is highly recommended. Walk ups will be accepted as spaces permit. You can fax all registration forms to Coach Williams at 336-334-7372)

Cost: \$45.00 PAYPAL (email: cwilliam@ncat.edu for Pay-

Pal payment), or LASH. (,1-3hirt an	d Lunch i	ncluded)	
Name:			_	
D.O.B				
Address:				
City:	_ State:	Zi	ip:	_
Emergency Contact Nam	IE:			
Em. Contact Number:				
High School Name:				_
Head Coach:				_
Grade: Positio	on(s):			
T-Shirts Size:				
Email:				

A complete registration form is necessary for each camper. You will need your insurance information (card) as well as completing a waiver of liability form. Each camper needs to have had a physical evaluation, performed by a physician prior to participating in the camp. Any questions please contact Coach Colin Williams at cwilliam@ncat.edu or by telephone 336-285-4264. Please fax all registration forms to 336-334-7372

Payment Method (check one) PayPal: Day of

North Carolina A&T State University



2013 PROSPECT CAMP

WHEN: JUNE 8, 2013

WHERE: AGGIE STADIUM 1601 E. Market St.

Greensboro, NC 27411

FOR: Rising Freshman-Rising Seniors

REGISTRATION STARTS; 8:30 A.M.

CAMP BEGINS: 10:00 A.M.

The prospect camp will be coached by the A&T Football Staff, who have coaching experience at the high school, college and professional levels. Come learn how to practice and play the Aggie way. Registration begins promptly at 8:30 A.M., and the camp will conclude at 4:00 P.M.

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Our prospect camp will feature:

- Instructional Training on Football Drills
- Offensive/Defensive Position Drills
- 1 on 1 Competition OL vs. DL/Skill Players
- 7 on 7 Competition

Items to Bring: T-Shirt, Helmet with mouthpiece, Cleats, and Tennis shoes

Waiver:

Assumption of Risks: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks that vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the said Activity. I hereby assert that my child's participation is voluntary and that knowingly I assume all such risks.

Indemnification and Hold Harmless: I also agree to IDEMNIFY AND HOLD North Carolina Agricultural and Technological State University HARMLESS from any and all claims., actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Activity and to reimburse them for any expenses occurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive is permitted by the law of the state of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, as-

sumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue, I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

EVENT ORIENTATION SHEET:

- In case of medical emergencies, Emergency Medical Service will be contacts. Please have your personal insurance information with you.
- All Students who elect to drive private cars: The University is not liable and will not provide insurance to drivers and or passengers.
 Drivers must have their own insurance carrier's and pay for their own costs.

abide by the rules set forth.

Under 18 years of age? ____Yes____No

Name of Participant ______

Signature of Participant ______

Date

Signature of Parent or Legal Guardian

I have read the above-mentioned document, understand it and agree to